


Return Receipt Article Number		COMPLETE THIS SECTION ON DELIVERY	
 9590 9266 9904 2977 9436 85		A. Signature X <i>Greg Markert agent</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)		C. Date of Delivery 9-13-24	
2. Certified Mail® Article Number 9414 7266 9904 2977 9436 82		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Service Type: <b>CERTIFIED MAIL</b>			
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
1. Article Addressed to:			
<div>STEVE TRICKLE P.O. Box 402 Thornville, OH 43076</div>			
PS Form 3811, Facsimile, July 2015		Domestic Return Receipt	